

COVID-19 – Sub-Saharan Africa

FACT SHEET #1, FISCAL YEAR (FY) 2021

JULY 2, 2021

KEY FIGURES*

4

MILLION

Total Number of Confirmed COVID-19 Cases in Region

96,300

Total Number of Deaths Related to COVID-19 in Region

22.9

MILLION

Total Number of Vaccine Doses Administered in Region

**Source: Johns Hopkins University and Our World in Data, to date as of July 1, 2021; Figures are subject to change due to periodic adjustment and updating.*

KEY MESSAGES

- Countries across Sub-Saharan Africa (SSA)¹ are experiencing a third wave of the coronavirus disease (COVID-19) pandemic, with the number of new weekly confirmed cases rising by more than 20 percent in 22 African countries during the second week of June, according to the UN World Health Organization (WHO); weekly confirmed cases rose by nearly 30 percent across the entire continent during the same period. Lack of adherence to COVID-19 mitigation measures, colder seasonal weather in Southern Africa, and the spread of more contagious COVID-19 variants are all likely contributing to the rising caseloads, WHO reports. While the pace of COVID-19 vaccinations is increasing across the continent, less than one percent of Africa's population is fully vaccinated.
- In response, the U.S. Government (USG)—including USAID—is seeking to reduce COVID-19 cases and mortality in SSA while limiting the negative social and economic impacts of the pandemic. Working with UN agencies and non-governmental organizations (NGOs), USAID aims to facilitate widespread and equitable access to safe and effective COVID-19 vaccines; reduce morbidity and mortality from COVID-19, limit transmission, and strengthen health care systems; address immediate needs resulting from the pandemic; and promote recovery. Across SSA, USAID is supporting partners to conduct COVID-19 infection prevention and control (IPC) and risk communication and community engagement (RCCE) activities, train health care workers, and distribute emergency food assistance, among other programs.
- To date, the USG has announced plans for the allocation of the first 80 million donated COVID-19 vaccine doses to support global COVID-19 vaccination efforts, which includes vaccines for African countries selected in coordination with the African Union.

TOTAL USAID FUNDING FOR THE COVID-19 RESPONSE IN SSA²

USAID/Africa ³	\$32,800,000
USAID/BHA ⁴	\$433,857,883
USAID/GH ⁵	\$175,905,564
	\$642,563,447

¹ The SSA region includes Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic (CAR), Chad, Comoros, Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Djibouti, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, the Republic of the Congo (RoC), Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

² Year of funding indicates the date of obligation—a legal commitment of funds in an Agency's accounting system with a corresponding procurement action—not appropriation, of funds. Funding represents amounts obligated as of June 1, 2021.

³ USAID's Bureau for Africa (USAID/Africa)

⁴ USAID's Bureau for Humanitarian Assistance (USAID/BHA)

⁵ USAID's Bureau for Global Health (USAID/GH)

KEY DEVELOPMENTS

- The COVID-19 situation in SSA rapidly deteriorated in June 2021 due to the presence of more transmissible variants, limited vaccine access, and fragile health care systems, as well as the onset of winter weather conditions in Southern Africa. Although many countries in the region had not reported large-scale mortality as initially expected in 2020, several nations are entering a third wave of the pandemic and are at increased risk of health, economic, and other development setbacks. In recent weeks, the region has witnessed a significant increase in the number of new COVID-19 cases; the DRC, Namibia, Uganda, and Zambia have reported their highest number of new weekly cases since the pandemic began; and daily infection rates are surging in Eritrea, Liberia, Rwanda, Sierra Leone, South Africa, and Zimbabwe.
- The presence of more transmissible variants, combined with limited vaccinations, has generated significant concerns among health care actors. As of mid-June, authorities had detected the Alpha and Beta COVID-19 variants in more than 25 African countries, with the Delta variant reported in 14 countries. Moreover, the region has limited diagnostic testing and weak surveillance systems, meaning that community-based transmission is likely more widespread than reported, while pandemic fatigue has resulted in reduced adherence to public health measures, such as mask-wearing and physical distancing. Of the nearly 1.1 billion people in SSA, less than 4.7 million have been fully vaccinated to date, leaving the overwhelming majority of the population at risk of infection.
- The recent COVID-19 surge has exacerbated humanitarian needs, including in East and Central Africa. In CAR, limited public awareness of COVID-19 risks and poor water, sanitation, and hygiene (WASH) infrastructure have constrained efforts to contain the spread of the disease, while the pandemic has led to an increase in the number of people requiring emergency food assistance in the DRC. Meanwhile, in East Africa, rising caseloads have strained health care systems already weakened by complex emergencies, as populations face multiple crises, including the pandemic, climatic shocks, desert locust infestations, and insecurity. For example, the COVID-19 outbreak in Ethiopia coincides with a notable increase in cases of severe wasting, a life-threatening form of malnutrition. Additionally, relief actors have expressed concerns regarding spiking caseloads in Kenya and Somalia, where shortages of critical medical equipment are hampering the ability to treat cases, with acute shortages of oxygen affecting hospitals across the region. Moreover, the pandemic has disrupted routine immunization campaigns and weakened local health care systems in South Sudan, while clinics and hospitals in Sudan report a lack of access to critical medicines and supplies due to procurement challenges and supply chain disruptions, the UN reports. In both countries, the socioeconomic impacts of the pandemic have exacerbated humanitarian needs, including for emergency food assistance.
- Similarly, rising caseloads are threatening to overwhelm health care systems in Southern Africa, prompting national governments to introduce new COVID-19 mitigation measures, including in South Africa, Zambia, and Zimbabwe. Finally, although confirmed COVID-19 cases in West Africa remain relatively low, the socioeconomic impacts of the pandemic have exacerbated ongoing humanitarian emergencies, contributing to food insecurity and heightening other humanitarian needs, particularly in Nigeria.

USAID RESPONSE

FACILITATE ACCESS TO SAFE AND EFFECTIVE COVID-19 VACCINATIONS

- As of June 21, the USG had announced its plans to distribute the first 80 million COVID-19 vaccine doses donated by the U.S. from its domestic supply to support global COVID-19 vaccination efforts. Of these 80 million doses, the USG has allocated 15 million for African countries, which will be selected in coordination with the African Union. Additional doses will also be allocated to Cabo Verde, Ghana, Kenya, Nigeria, and South Africa. In addition, on June 10, President Joseph R. Biden announced that the U.S. will provide 500 million doses of the Pfizer-BioNTech COVID-19 vaccine to 92 low- and lower middle-income countries and members of the African Union. Approximately 40 countries in SSA are eligible.
- To date, USAID has supported authorities in 27 SSA countries to develop national vaccination strategies, identify and address supply chain needs, facilitate vaccine awareness activities in local communities, and train health care professionals to administer COVID-19 vaccine doses. This effort aims to ensure that countries maintain vaccine readiness and enable health care systems to provide the services that are needed to deliver COVID-19 vaccines.

REDUCE MORBIDITY, MITIGATE TRANSMISSION, AND STRENGTHEN HEALTH CARE SYSTEMS

- Throughout SSA, USAID is funding partners to support WASH activities and strengthen local health care capacity to mitigate COVID-19 transmission and reduce morbidity and mortality from COVID-19, including through COVID-19 IPC; case management, diagnostics, and surveillance; and RCCE activities.
- USAID is supporting health systems throughout East Africa, including in Ethiopia and Uganda, where USAID is enabling partners to train health care professionals on IPC measures; USAID partners are also conducting RCCE in Ethiopia. In Somalia, USAID partners are providing emergency health services, distributing hygiene kits, and supporting RCCE efforts, as well as providing education on safe hygiene practices for COVID-19 prevention. Similarly, USAID-funded organizations are conducting hygiene promotion and RCCE activities, distributing medical and sanitation supplies, installing handwashing stations, and bolstering IPC capacity—including by establishing emergency operations centers and training health care workers—in West Africa, while in Central Africa, USAID is supporting the rehabilitation of health care facilities in the DRC.
- In South Sudan and Sudan, USAID is working with partners to mitigate the impact of COVID-19 on displaced and other vulnerable populations, supporting critical WASH infrastructure, training health workers, increasing IPC capacity, and providing RCCE assistance. In Southern Africa, USAID partner the UN Children’s Fund (UNICEF) is improving WASH infrastructure and rehabilitating health care facilities in Mozambique and Zimbabwe. USAID also recently deployed health experts to South Africa to provide technical expertise on COVID-19 case modeling, hospital supply mapping, and planning for a large-scale community screening campaign to expand referrals for COVID-19 testing.
- Across the region, USAID supports activities to build the resilience of health care systems, including to respond to other diseases—including HIV, malaria, and tuberculosis—and ensure the continuation of other critical health services such as maternal and child health care. For example, in the DRC, which experienced an Ebola virus disease (EVD) outbreak amid the pandemic, USAID partners are promoting greater public awareness of COVID-19- and EVD-related risks, as well as providing critical health and WASH assistance.

ADDRESS ACUTE NEEDS DRIVEN BY COVID-19

- In response to the adverse impact of the COVID-19 pandemic and related mitigation measures on food security throughout Africa, USAID is funding implementing partners to provide emergency food assistance, nutrition support, and agricultural and other livelihoods assistance to vulnerable populations across the continent. In northern Ethiopia, USAID is supporting a Catholic Relief Services (CRS)-led consortium and the UN World Food Program (WFP) to provide emergency food assistance to conflict-affected populations in Tigray Region. In addition, between October 2020 and March 2021, USAID supported WFP’s distribution of cash transfers for food to nearly 233,000 people who had become food-insecure as a result of the COVID-19 pandemic in Kenya; WFP also treated nearly 21,000 people for malnutrition in Kenya’s capital city of Nairobi during the same period.
- In neighboring Somalia, USAID is supporting WFP to reach more than 430,000 people with emergency food and nutrition assistance, while in Central Africa, USAID is working with WFP and other implementing partners to provide food assistance to vulnerable populations in CAR and the RoC. In Southern Africa, USAID supported WFP’s efforts to provide monthly cash food assistance to more than 100,000 people between October 2020 and March 2021 in urban areas of Zimbabwe. Moreover, in Mozambique, USAID is supporting WFP and Food for the Hungry to provide emergency food assistance to households in conflict-affected areas of Cabo Delgado and Nampula provinces, where the impact of COVID-19 continues to exacerbate conflict-driven food insecurity.
- In Ghana, USAID utilized results from a rapid assessment on the impacts of COVID-19 on the agriculture sector to develop solutions to mitigate pandemic-related supply chain and service disruptions, while distributing personal protective equipment and hygiene kits to nearly 22,700 farmers, as well as farm inputs to 1,000 smallholder farmers and mobile phones to 400 female-led farms to increase access to digital information. USAID also provides economic and social support services through a cash-transfer program in Côte d’Ivoire and education activities in DRC, aiming to mitigate the socioeconomic impact of the pandemic on income generating opportunities and access to education.

BOLSTER ECONOMIES AND OTHER CRITICAL SYSTEMS

- Since 2019, USAID has supported Prosper Africa, a USG initiative to increase trade and investment between Africa and the United States, including through the adaption and creation of trade and investment tools to help businesses adjust strategies, protect investments, and identify new opportunities for growth. To date, the USG has helped conclude approximately 500 business deals across 44 SSA countries for an estimated value of \$47 billion in new exports and investments. Through

Prosper Africa, USAID aims to continue supporting sustainable growth and economic recovery, including from COVID-19, across SSA.

- In Nigeria, USAID’s West Africa Trade and Investment Hub worked with Partners for Development to leverage private funds to help fish farmers cope with the impacts of COVID-19, as well as offer grants to businesses in West Africa, including female-led farms, cashew production companies, and handicraft businesses. Meanwhile, in Niger, USAID has strengthened the capacity of local authorities, civil society groups, and local NGOs to conduct COVID-19 RCCE activities, reaching more than 400,000 people and enhancing civil and local community engagement.

CONTEXT

- On December 31, 2019, the WHO Country Office in mainland People’s Republic of China (PRC) reported that it became aware of several cases of pneumonia with an unknown cause in Wuhan city, Hubei Province, PRC. In January 2020, Chinese authorities identified a new type of coronavirus, which is responsible for the current COVID-19 pandemic. Shortly after, on January 13 and 15, respectively, the Ministry of Public Health in Thailand and the Ministry of Health, Labor, and Welfare in Japan reported the first cases of laboratory-confirmed COVID-19 outside of PRC.
- Following the worldwide spread of the disease, WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern on January 30, 2020, and a global pandemic on March 11, 2020.
- In March 2021, USAID re-activated the COVID-19 Task Force to protect the safety and security of USAID’s global workforce, ensure that USAID can continue its life-saving mission across the world, and support partner countries in their response to COVID-19.

USAID FUNDING OBLIGATED FOR THE SSA COVID-19 RESPONSE¹

AGENCY	PARTNERS	AMOUNT
Angola		
USAID/GH	Mothers2Mothers, Population Services International (PSI), WHO	\$1,570,000
USAID FUNDING FOR COVID-19 RESPONSE IN THE ANGOLA		\$1,570,000
Benin		
USAID/GH	BUPDOS-ONG, Chemonics, Management Sciences for Health (MSH), Organisation non gouvernementale, SIA N'son-Ong, UNICEF	\$1,500,000
USAID FUNDING FOR COVID-19 RESPONSE IN BENIN		\$1,500,000
Botswana		
USAID/GH	Chemonics, FHI 360, Project Concern International	\$3,500,000
USAID FUNDING FOR COVID-19 RESPONSE IN BOTSWANA		\$3,500,000
Burkina Faso		
USAID/Africa	Winrock International	\$781,667
USAID/BHA	The Alliance for International Medical Action, International Rescue Committee (IRC), UNICEF, WFP	\$9,000,000
USAID/GH	Chemonics, Johns Hopkins University (JHU), MSH, Palladium International, UNICEF	\$3,150,000
USAID FUNDING FOR COVID-19 RESPONSE IN BURKINA FASO		\$12,931,667
Burundi		
USAID/BHA	World Vision	\$1,500,000
USAID/GH	UNICEF	\$5,100,000

USAID FUNDING FOR COVID-19 RESPONSE IN BURUNDI		\$6,600,000
Cameroon		
USAID/BHA	Implementing Partners (IPs), UNICEF, WFP	\$10,000,000
USAID/GH	ICF; International Federation of Red Cross and Red Crescent Societies (IFRC); UN Food and Agriculture Organization (FAO); JHU; MSH; PSI; University of California, Davis; UNICEF	\$4,100,000
USAID FUNDING FOR COVID-19 RESPONSE IN CAMEROON		\$14,100,000
Cape Verde		
USAID/Africa	Creative Associates International	\$1,500,000
USAID/GH	UNICEF	\$216,000
USAID FUNDING FOR COVID-19 RESPONSE IN CAPE VERDE		\$1,716,000
CAR		
USAID/BHA	ACTED, International Medical Corps (IMC), UNICEF, WFP	\$9,000,000
USAID FUNDING FOR COVID-19 RESPONSE IN CAR		\$9,000,000
Chad		
USAID/Africa	Equal Access International	\$390,833
USAID/BHA	IPs, WFP	\$7,000,000
USAID FUNDING FOR COVID-19 RESPONSE IN CHAD		\$7,390,833
Cote D'Ivoire		
USAID/GH	Chemonics, JHU, MSH, UNICEF, WHO	\$5,200,000
USAID FUNDING FOR COVID-19 RESPONSE IN COTE D'IVOIRE		\$5,200,000
DRC		
USAID/Africa	Chemonics, FHI 360	\$5,000,000
USAID/BHA	FHI 360, IMC, Internews, the International Organization for Migration (IOM), Save the Children Federation (SCF), Tearfund, WFP, World Vision	\$13,683,699
USAID/GH	Carolina Institute for Developmental Disabilities, Chemonics, IFRC, PATH, PSI, UNICEF, World Relief	\$8,217,873
USAID FUNDING FOR COVID-19 RESPONSE IN DRC		\$26,901,572
Djibouti		
USAID/Africa	UN Development Program	\$2,500,000
USAID/GH	UNICEF	\$500,000
USAID FUNDING FOR COVID-19 RESPONSE IN DJIBOUTI		\$3,000,000
Ethiopia		
USAID/Africa	Government of Ethiopia	\$7,000,000
USAID/BHA	Amref Health Africa, CARE, CRS, Humanity and Inclusion, IMC, IOM, IRC, JHU, Lutheran World Federation, Mercy Corps, UN Office for the Coordination of Humanitarian Affairs (OCHA), Pathfinder International, People in Need, Project Hope, Relief and Development, Relief Society of Tigray, SCF, UNICEF, WFP, World Vision	\$207,033,893
USAID/GH	Chemonics, JHPIEGO, JHU, John Snow Inc (JSI), MSH, Pathfinder International, WHO	\$5,714,902
USAID FUNDING FOR COVID-19 RESPONSE IN ETHIOPIA		\$219,748,795
Gambia		
USAID/Africa	Consortium for Elections and Political Process Strengthening	\$310,000
USAID FUNDING FOR COVID-19 RESPONSE IN GAMBIA		\$310,000

Ghana		
USAID/GH	Chemonics, JHPIEGO, JHU, PSI, Public Health Institute, Results for Development, U.S. Pharmacopeia	\$7,586,746
USAID FUNDING FOR COVID-19 RESPONSE IN GHANA		\$7,586,746
Guinea		
USAID/GH	Chemonics, JHPIEGO, JHU, UNICEF	\$2,800,000
USAID FUNDING FOR COVID-19 RESPONSE IN GUINEA		\$2,800,000
Kenya		
USAID/BHA	WFP	\$10,000,000
USAID/GH	Chemonics, FHI 360, IMA World Health, Intrahealth International, JHPIEGO, JSI Research and Training Institute, Moi Teaching for Referral Hospital, MSH, Palladium International, Pathfinder International, Public Health Institute, SOCHA, University of Nairobi Enterprises and Services Limited, World Relief	\$14,103,327
USAID FUNDING FOR COVID-19 RESPONSE IN KENYA		\$24,103,327
Lesotho		
USAID/GH	Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO	\$2,050,000
USAID FUNDING FOR COVID-19 RESPONSE IN LESOTHO		\$2,050,000
Liberia		
USAID/BHA	CRS	\$1,000,000
USAID/GH	Chemonics, FHI 360, JHPIEGO, JHU, Palladium International	\$1,495,000
USAID FUNDING FOR COVID-19 RESPONSE IN LIBERIA		\$2,495,000
Madagascar		
USAID/BHA	WFP	\$5,000,000
USAID/GH	Institute Pasteur de Madagascar, JSI Research and Training Institute, MSH, PSI	\$2,500,000
USAID FUNDING FOR COVID-19 RESPONSE IN MADAGASCAR		\$7,500,000
Malawi		
USAID/GH	Chemonics, FHI 360, MSH, Right to Care, World Relief	\$8,000,000
USAID FUNDING FOR COVID-19 RESPONSE IN MALAWI		\$8,000,000
Mali		
USAID/Africa	Creative Associates International, FHI 360	\$2,345,000
USAID/BHA	IPs, UNICEF, WFP	\$6,700,000
USAID/GH	Chemonics, ICF, JHU, MSH, Palladium International, PATH	\$3,400,000
USAID FUNDING FOR COVID-19 RESPONSE IN MALI		\$12,445,000
Mauritania		
USAID/GH	UNICEF	\$250,000
USAID FUNDING FOR COVID-19 RESPONSE IN MAURITANIA		\$250,000
Mauritius		
USAID/GH	IFRC	\$500,000
USAID FUNDING FOR COVID-19 RESPONSE IN MAURITIUS		\$500,000
Mozambique		
USAID/BHA	CARE, WFP, World Vision	\$10,000,000

USAID/GH	Abt Associates, Chemonics, FHI 360, JHPIEGO, JHU, JSI Research and Training Institute, MSH, PIRCOM, UNICEF, VillageReach	\$10,030,589
USAID FUNDING FOR COVID-19 RESPONSE IN MOZAMBIQUE		\$20,030,589
Namibia		
USAID/GH	Chemonics	\$1,750,000
USAID FUNDING FOR COVID-19 RESPONSE IN NAMIBIA		\$1,750,000
Niger		
USAID/Africa	Counterpart International, Winrock International	\$1,172,500
USAID/BHA	IPs, UNICEF, WFP	\$8,000,000
USAID/GH	JSI Research and Training, UNICEF	\$1,150,000
USAID FUNDING FOR COVID-19 RESPONSE IN NIGER		\$10,322,500
Nigeria		
USAID/BHA	IPs, IOM, WFP	\$33,951,428
USAID/GH	Alliance for Reproductive and Family Health, Chemonics, FHI 360, Heartland Alliance, JHPIEGO, JHU, Palladium International, Society for Family Health, WHO, World Vision	\$8,027,417
USAID FUNDING FOR COVID-19 RESPONSE IN NIGERIA		\$41,978,845
Rwanda		
USAID/GH	Chemonics, IntraHealth, World Relief	\$5,698,931
USAID FUNDING FOR COVID-19 RESPONSE IN RWANDA		\$5,698,931
Senegal		
USAID/GH	Abt Associates, ICF, IntraHealth, JHU, MSH, Palladium International, UNICEF	\$5,200,000
USAID FUNDING FOR COVID-19 RESPONSE IN SENEGAL		\$5,200,000
Sierra Leone		
USAID/BHA	CRS, WFP	\$4,500,000
USAID/GH	Chemonics, JHPIEGO, JHU	\$1,950,000
USAID FUNDING FOR COVID-19 RESPONSE IN SIERRA LEONE		\$6,450,000
Somalia		
USAID/BHA	IPs, UNICEF, WFP	\$17,600,000
USAID FUNDING FOR COVID-19 RESPONSE IN SOMALIA		\$17,600,000
South Africa		
USAID/GH	Anova Health Institute; BroadReach Healthcare; Center for Communication Impact; Chemonics; Guidehouse; JHU; Maternal, Adolescent, and Child Health Institute; NACOSA; Right to Care; UNICEF; WHO; Wits Health Consortium	\$35,563,701
USAID FUNDING FOR COVID-19 RESPONSE IN SOUTH AFRICA		\$35,563,701
South Sudan		
USAID/BHA	CRS, Doctors of the World, FAO, IFRC, IMC, Internews, IOM, Nonviolent Peaceforce, OCHA, Samaritan's Purse, SCF, UNICEF, WFP	\$35,199,419
USAID/GH	Chemonics, DFID, JHPIEGO, Pathfinder International, World Vision	\$3,750,000
USAID FUNDING FOR COVID-19 RESPONSE IN SOUTH SUDAN		\$38,949,419
Sudan		
USAID/Africa	WFP	\$5,000,000
USAID/BHA	IPs, IOM, OCHA, UNICEF, WFP	\$28,799,997

USAID/GH	UNICEF	\$1,000,000
USAID FUNDING FOR COVID-19 RESPONSE IN SUDAN		\$34,799,997
Swaziland		
USAID/GH	FHI 360, Global Environment and Technology Foundation, JHU, PACT, Right to Care, The Luke Commission	\$3,350,000
USAID FUNDING FOR COVID-19 RESPONSE IN SWAZILAND		\$3,350,000
Tanzania		
USAID/GH	Chemonics, Guidehouse, ICF, JHPIEGO, MSH, Palladium International, UNICEF	\$3,400,000
USAID FUNDING FOR COVID-19 RESPONSE IN TANZANIA		\$3,400,000
Uganda		
USAID/BHA	WFP	\$4,000,000
USAID/GH	Elizabeth Glaser Pediatric AIDS Foundation, FHI 360, IntraHealth, JSI, MSH, University Research Co.	\$4,250,000
USAID FUNDING FOR COVID-19 RESPONSE IN UGANDA		\$8,250,000
Zambia		
USAID/GH	Center for Infectious Disease Research in Zambia, JSI Research and Training Institute, UNICEF, WHO	\$4,620,000
USAID FUNDING FOR COVID-19 RESPONSE IN ZAMBIA		\$4,620,000
Zimbabwe		
USAID/Africa	IPs	\$1,800,000
USAID/BHA	IPs	\$11,889,447
USAID/GH	IPs	\$3,827,078
USAID FUNDING FOR COVID-19 RESPONSE IN ZIMBABWE		\$17,516,525
West Africa Regional		
USAID/Africa	Creative Associates International, Equal Access International	\$5,000,000
USAID/GH	West African Health Organization, UNICEF ²	\$884,000
USAID FUNDING FOR WEST AFRICA REGIONAL COVID-19 RESPONSE		\$5,884,000
TOTAL USAID FUNDING FOR THE SSA COVID-19 RESPONSE³		\$642,563,447

¹ Funding figures reflect funding obligated as of June 1, 2021. The total does not include the more than \$2.1 billion in USAID assistance for global COVID-19 response operations, including USG assistance to GAVI/COVAX. To date, USAID has obligated more than \$4 billion for COVID-19 response operations worldwide.

² UNICEF activities are ongoing in Gabon, Equatorial Guinea, São Tomé and Príncipe, and Togo.

³Please note that this total does not include funding for USAID operating expenses (OE). Of the \$95 million appropriated for COVID-19-related OE as of July 1, approximately \$65 million had been obligated as of the same date. In addition, USAID transferred \$7 million in ESF-COVID funding to the USAID OE Account.

ADDITIONAL INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to organizations that are conducting relief operations. USAID encourages cash donations because they allow aid professionals to procure the exact items needed; can be transferred quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at USAID Center for International Disaster Information: www.cidi.org.
- USAID has established an inbox (tf_covid-19@usaid.gov) to coordinate private sector engagement around the COVID-19 response. In addition, the UN supports an initiative for businesses seeking to donate money, goods or services. Please visit connectingbusiness.org for more information.

- Finally, USAID reminds the public that it may accept unsolicited applications and proposals. The Agency has set up a COVID-19 Concepts portal at: <https://www.usaid.gov/coronavirus/funding-requests-unsolicited-proposals>.